

No. W 11646	Due no later than Apr 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		BRADLEY C WILLIAMS 812 SHOSHONE AVE E TWIN FALLS, ID 83301	
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS PHYSICAL THERAPY AND WEL 812 SHOSHONE AVE E TWIN FALLS, ID 83301		3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
partner	Bradley C Williams	790 Hollyann Ct	Twin Falls	ID
				83301
5. Organized Under the Laws of:		6.		
IDAHO W 11646		Signature	Date 02/17/03	
		Name <small>(Typed or Printed)</small>	Title M.P.T.	
Do Not Tape or Staple				